City of Wilmington





MICHAEL S. PURZYCKI Mayor

Katayoun Pierstani Division of Air Quality 100 West Water St Suite 6A Dover, DE 19904

Katayoun Pierstani,

Enclosed are 2 copies of forms AQM-1, AQM-2, AQM-4.6 and AQM-5 requesting a new Air Quality Permit to replace #APC-2002/0711-Operation. The original dust collected manufactured by Griffin has been replaced with Bin Vent Model TBV-2 dust collection system manufactured by Donaldson-Torit.

Also, on form AQM-1 we are requesting a name change on the permit. Christiana Oh, Assistant Water Division Director, Department of Public Works is now the person listed on the application due to Sean Duffy's retirement this past year.

Sincerely,

Chris Oh

Assistant Water Division Director

City of Wilmington, DPW

302-576-3017

coh@wilmingtonde.gov

Form AQM-1 Page 1 of 4

Administrative Information

One original and one copy of All Application Forms Should Be Mailed To:
Division of Air Quality
100 West Water Street, Suite 6A
Dover, DE 19904

All Checks Should Be Made Payable To: State of Delaware

		· · · · · · · · · · · · · · · · · · ·						
		y and Site Information						
1.	Company Name: City of Wilmington DF							
2.	Company Mailing Address: 800 French S	Street						
	City: Wilmington	State: DE	Zip Code: 19801					
3.	Site Name: Porter Filter Plant							
4.	Site Mailing Address: 2052 East Park Dri (if different from above)	rive						
	City: Wilmington	State: DE	Zip Code: 19803					
5.	Physical Location of Site: (if different from above)		č					
	City:	State:	Zip Code:					
6.	Site Billing Address: City of Wilmington I (if different from above)	DPW 800 French St.						
	City: Wilmington	State: DE	Zip Code: 19801					
7.	Air Quality Management Facility ID Number	er: 1000300025						
8.	Site NAICS Code): 221310 (list all that apply		U					
9.	Site SIC Code: 4941 (list all that apply)							
10.	Site Location Coordinates: Latitude: Longitude:	39 ° 46' 25.846" :: -75 ° 32' 27.618"						
11.	Is the Facility New or Existing?	☐ NEW ☐ EXISTING						
If the	If the Facility is an Existing Facility, Complete the Rest of Question 11. If Not, Proceed to Question 12.							
	Does the Facility Have Active Air Permits?		□ NO					
	Is this Application For New Equipment or a New Equipment Modification of Existing Equipment Other (Specify): Replacement with difference.	fferent manufacturer						
If the a	application is for the modification of existing ed to Question 13.		est of Question 12. If not,					



Form AQM-1 Page 2 of 4

Company and Site Information						
12.1. Does the Equipment Have an Active Air Permit? XYES NO						
If the equipment has an active air permit, complete the rest of Question 12. If not, proceed to Que	∍stion 13.					
12.2. Permit Number of Existing Equipment: APC-2002/0711-Operation						
13. Status of Equipment Being Applied For: Natural Minor Source Synthetic Minor Source Major Source Federally Enforceable Restrictions						
14. Facility Status: 🛛 Natural Minor Facility 🔲 Synthetic Minor Facility 🔲 Major Facil	ity					
If the facility is a Major Source, complete the rest of Question 14. If not, proceed to Question 15.						
14.1. Responsible Official Name:						
14.2. Responsible Official Title:						
Contact Information						
15. Name of Owner or Facility Manager: City of Wilmington						
16. Title of Owner or Facility Manager: Public Works						
17. Permit Contact Name: Christiana Oh						
18. Permit Contact Title: Assistant Water Division Director						
19. Permit Contact Telephone Number: 302-576-3017						
20. Permit Contact Fax Number: 302-573-5539						
21. Permit Contact E-Mail Address: coh@wilmingtonde.gov						
22. Billing Contact Name: Travon Wooten						
23. Billing Contact Title: Account Clerk						
24. Billing Contact Telephone Number: 302-576-2583						
25. Billing Contact Fax Number:						
26. Billing Contact E-Mail Address: tjwooten@wilmingtonde.gov						
Proposed Construction and Operating Schedule	Proposed Construction and Operating Schedule					
27. When Will the Proposed Construction/Installation/Modification Occur: 10/01/2019						
28. Proposed Operating Schedule: hours/day days/week 52 weeks/year						
28.1. Is There Any Additional Information Regarding the Operating Schedule?)					
If YES, complete the rest of Question 28. If NO, proceed to Question 29.						



Form AQM-1 Page 3 of 4

Proposed Construction and Operating Schedule

28.2. Describe the Additional Information: Baghouse is only operated during refilling of the silo which happens on an average of 2 hours once every two weeks year round.

Coastal Zono Information						
Coastal Zone Information						
29. Is the Facility Located in the Coastal Zone? ☐ YES ☒ NO						
If the facility is located in the Coastal Zone complete the rest of Question 29. If not, proceed to Question 30.						
29.1. Is a Coastal Zone Permit Required for Construction or Operation of the Source Being Applied for? ☐ YES ☑ NO						
Attach a copy of the Coastal Zone Determination if it has not been previously submitted						
If a Coastal Zone Permit is required complete the rest of Question 29. If not, proceed to Question 30.						
29.2. Has a Coastal Zone Permit Been Issued?						
Attach a copy of the Coastal Zone Permit if it has not been previously submitted						
Local Zoning Information						
30. Parcel Zoning:						
Attach Proof of Local Zoning if it has not been previously submitted						
Application Information						
31. Is the Appropriate Application Fee Attached? ⊠ YES □ NO						
32. Is the Advertising Fee Attached? ☐ YES ☐ NO						
For help determining your application and advertising fees see:						
http://www.dnrec.state.de.us/DNREC2000/Library/Fees/DE%20Permit%20Fees.htm Attach the appropriate fees. Note that your Application will not be considered complete if the appropriate fees are not included.						
The state page in the state of						
Attach a brief cover letter describing your Application.						
If the Facility is a New Facility complete Question 34. If not, proceed to Question35.						
34. Is a Copy of the Applicant Background Information Questionnaire on Record at the Department? ☐ YES ☐ NO						
If NO, complete the rest of Question 34. If YES, process to Question 35.						
34.1 Is a Copy of the Applicant Background Information ☐ YES ☐ NO						
For a copy of the Applicant Background Information Questionnaire see http://www.dnrec.delaware.gov/services/Documents/Chapter79Form.pdf						
Attach a copy of the Applicant Background Information Questionnaire if applicable.						
35. Check Which Application Forms are Attached:						



Form AQM-1 Page 4 of 4

AQM-1
Coastal Zone Determination
37. Do You Consider Any of the Information Submitted With this Application Confidential? For help on how to submit a confidentiality claim see http://regulations.delaware.gov/register/december2011/final/15%20DE%20Reg%20864%2012-01-11.htm If a Claim of Confidentiality is made it MUST meet the requirements of Section 6 of DNREC's Freedom of Information ("FOIA") Regulation at the time the Application is submitted. Signature Block I, the undersigned, hereby certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all of its attachments as to the truth, accuracy, and completeness of this information. I certify based on information and belief formed after reasonable inquiry, to
37. Do You Consider Any of the Information Submitted With this Application Confidential? For help on how to submit a confidentiality claim see http://regulations.delaware.gov/register/december2011/final/15%20DE%20Reg%20864%2012-01-11.htm If a Claim of Confidentiality is made it MUST meet the requirements of Section 6 of DNREC's Freedom of Information ("FOIA") Regulation at the time the Application is submitted. Signature Block I, the undersigned, hereby certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all of its attachments as to the truth, accuracy, and completeness of this information. I certify based on information and belief formed after reasonable inquiry, to
I, the undersigned, hereby certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all of its attachments as to the truth, accuracy, and completeness of this information. I certify based on information and belief formed after reasonable inquiry, the
I, the undersigned, hereby certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all of its attachments as to the truth, accuracy, and completeness of this information. I certify based on information and belief formed after reasonable inquiry, the
that I have not changed, altered, or deleted any portions of this application. I acknowledge that I cannot commence construction, alteration, modification or initiate operation until I receive written approval (i.e. perm registration, or exemption letter) from the Department. I acknowledge that I may be required to perform testion of the equipment to receive construction or operation approval, and that if I do not receive approval to construct or operate that I may appeal the decision. Christiana Oh Owner or Operator

One Original and One Copy of All Application Forms Should Be Mailed To: Division of Air Quality 100 W. Water Street, Suite 6A Dover, Delaware 19904

> All Checks Should Be Made Payable To: State of Delaware

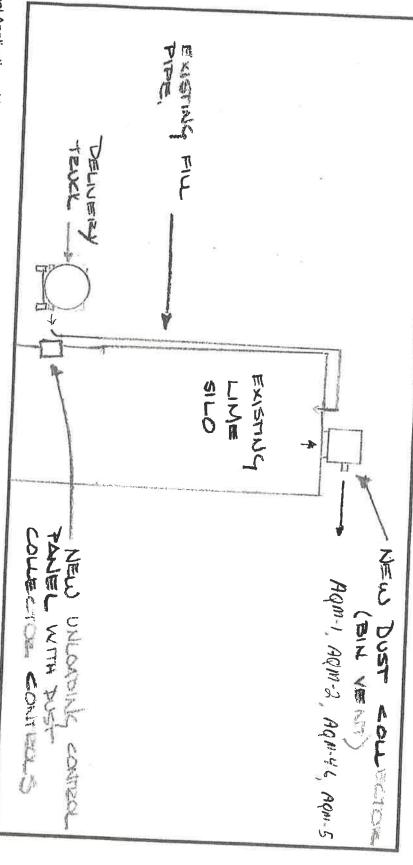


Stationary Sources Application to Construct, Operate, or Modify DNREC - Air Quality Management Section

Form AQM-2 Page 1 of 1

Process Flow Diagram

http://www.delaware.gov/reg2/default.htm for example Process Flow Diagrams for common processes. If you already have a Process Sketch the Process Flow Diagram for the equipment or process being applied for. Include each emission unit and control device (even existing emission units that will not be modified by this application). You may identify each emission unit with a simple shape. control device by drawing arrows between them to indicate the flow of air pollutants. List which application forms are included for Label each emission unit and control device with a unique identifier. Show the relationship between each emission unit and/or Flow Diagram for the equipment or process being applied for, you may attach it to the application instead of using this form. each emission unit or control device below the shape representing each emission unit or control device . See



Final Application - Version 1 created 9/5/06

Form AQM-4.6 Page 1 of 4

Baghouse Application

If you are using this form electronically, press F1 at any time for help

	General Information
1.	Facility Name: Porter Filter Plant
2.	Equipment ID Number: Lime Silo Bin Vent
3.	Manufacturer: Donaldson Company, Inc.
4.	Model: Torit Bin Vent TBV-2
5.	Serial Number: 13533023-L1-1
6.	Is the Baghouse Insulated? ☐ YES ☒ NO
7.	Design Minimum Operating Temperature: None °F
8.	Design Maximum Operating Temperature: 180 °F
9.	Are Temperature Controls Provided? ☐ YES ☒ NO
	complete the rest of Question 9. If no, proceed to Question 10.
9.1.	Describe the Temperature Controls: Not Applicable
10.	Air Flow Through Baghouse:
11.	Direction of Flow Through Filters: ☐ Inside Out ☐ Outside In
	Particulate Removal Efficiency: 99 %
Attach t determi	the Manufacturer's Specification Sheet for the Baghouse and Particle Size Removal Efficiency Curve and basis of ination.
	Compartment Information
13.	Number of Compartments: 1
14.	Number of Filters (Bags) Per Compartment: 2
15.	Can the Compartments be Isolated for Replacement or Repair? ☐ YES ☒ NO
	Gas Stream Information
16.	Maximum Inlet Volumetric Gas Flow Rate: N/A acfm at N/A °F
17.	Maximum Outlet Volumetric Gas Flow Rate: N/A acfm at N/A °F
18.	Dew Point at Maximum Moisture Content of Gas: N/A °F



Form AQM-4.6 Page 2 of 4

	Gas Stream Information								
19.	pH of Gas Handled: N/A								
20.	20. Dust Characteristics: Sticky (Check All That Apply) Wet Corrosive Dry Other (Specify):								
	<u>C</u>	ontaminant Information							
21.	Percent of Each Contaminant in the	e Waste Gas and Removal Efficie	encv						
If mor	e than five Contaminants are present, atta								
	Contaminant Name	Contaminant CAS Number	Percent of Waste Gas	Removal Efficiency					
21.1.	N/A		%	<u>⊏mciency</u> %					
21.2.	1.2. % %								
21.3.	21.3. %								
21.4.	70 70								
21.5. % %									
	Fabric Filter (Bag) Information								
22.	Fabric Type: Felted Membrane Ceramic Cartridge Woven PTFE Membrane Other (Specify): Felted-Woven Sintered Metal								
23.	Fabric Material: Cellulose Substrate with fine fiber membrane								
24.									
25.	Total Control of the								
26.	Tooming at Michael Water								
27.	(LLG) Committee C. Villan. 12.74 mones								
28.	(2-3) Hollo								
29.	102 042410 1000								
30.	and the control of th								
31.	Design Pressure Drop Across Bagh	ouse: N/A inches water							
32.	Describe Determining Factor Fabric differential of 4 to 5 inches water	Filter Changing/Replacement:	Based on water ga	auge reading					
Attach	the Manufacturer's Specification Sheet for	the Fabric Filters (Bags).	*						



Form AQM-4.6 Page 3 of 4

	Filter Cleaning Information
33.	Filter Cleaning Method: Manual Cleaning Bag Collapse Nechanical Shakers Sonic Cleaning Pneumatic Shakers Reverse Air Flow Other (Specify):
If Reve	erse Air Jet or Pulse Jet is used, complete the rest of Question 33. If not, proceed to Question 34.
33.1.	Air Pressure: 90 psi
33.2.	Describe How Air Is Supplied to System: Compressed air piping
34.	Describe How Filter Cleaning Is Initiated: Manual Pressure Drop Timer Other (Specify):
	Hopper Information
35.	Is the Hopper Heated? ☐ YES ☒ NO
36.	Is there a Hopper Vibrator?
	removed using pulsed jet and drops back into the silo for usage.
	Stack Information
38.	Emission Point Name: NOT APPLICABLE
38.1.	Stack Height Above Grade: feet
38.2.	Stack Exit Diameter: feet (Provide Stack Dimensions If Rectangular Stack)
38.3.	Is a Stack Cap Present?
38.4.	Stack Configuration:
38.5.	Stack Exit Gas Temperature: °F
38.6.	Stack Exit Gas Flow Rate: ACFM
38.7.	Distance to Nearest Property Line: feet
38.8.	Describe Nearest Obstruction:
38.9.	Height of Nearest Obstruction: feet
38 10	Distance to Nearest Obstruction: feet



Form AQM-4.6 Page 4 of 4

		<u>Stack</u>	Information					
38.11	. Are Stack Sampling P	orts Provided?	☐ YES ☐ NO					
ļ			d Alarm Information					
39.	When Drafting the Pe		***************************************	☐ YES ⊠ NO				
		Question 39. If NO, pro	ceed to Question 40.					
	Describe the System							
if there	Operating	attach additional copies o	f this page as needed.					
	Parameter Monitored	Describe Alarm Trigger	Monitoring Device or Alarm Type	Does the Alarm Initiate an Automated Response?	n			
			☐ Visual ☐ Auditory	□ NO □ YES				
39.1.1.			☐ Automatic	Describe:				
			(Remote Monitoring) ☐ Other					
			Visual	□ NO □ YES				
39.1.2.			Auditory Automatic	Describe:				
			(Remote Monitoring)					
L			Other					
			│	□ NO □ YES				
39.1.3.			☐ Automatic	Describe:				
			(Remote Monitoring)					
			☐ Visual	□ NO □ YES				
39.1.4.			☐ Auditory☐ Automatic	Describe:				
			(Remote Monitoring)					
			☐ Other ☐ Visual	□ NO □ YES				
39.1.5.		4	Auditory	Describe:				
39.1.0.			Automatic (Remote Monitoring)	20001180.				
(Remote Monitoring)								
			al Information					
		I Information Pertinent	to this Application?	YES 🛛 NO				
	complete the rest of Q							
40.1.	Describe: Bin Vent is which is used to treat	used during the fillin t drinking water.	g of the silo with calciur	m hydroxide (hydrated lime)			



Form AQM-5 Page 1 of 8

Emissions Information Application

If you are using this form electronically, press F1 at any time for help

-	Number of Individual Pieces of Process Equipment in Process: 1 - 1 imp Silo
	Number of Individual Pieces of Process Equipment in Process: 1 - Lime Silo
2	Number of Individual Control Devices in Process: 1
	Emissions Information for First Emission Point/Stack
္ပ	Emission Point Name: Lime Silo Bin Vent
4.	Equipment ID Number for all Process Equipment and Control Devices Venting Through Emission Point/Stack: n/a
ĊJ	Pollutant Emissions

			00:0::		
Emission Point Name: Lime	Silo Bin Vent				
Equipment ID Number for all F	rocess Equipmen	t and Control Devices Vent	ting Through Emission Po	int/Stack: n/a	
Pollutant Emissions					
than 15 pollutants are emitted at the	is Emission Point/Sta	ıck, attach additional copies of	this page as needed.		
Pollutant Name (Specify VOCs and HAPs Individually in 5.10 through 5.18)	CAS Number (Not required for 5.1 through 5.10)	Maximum Uncontrolled Emission Rate at Design Capacity	Maximum Controlled Emission Rate at Design Capacity	Annual Potential to Emit (PTE)	Requested Permitted Annual Emissions
Particulate Matter (PM)	N/A	0 lbs/hour	0.729 lbs/hour		0.018 tons/year
PM ₁₀	N/A	0 lbs/hour	0.729 lbs/hour	0.0175 tons/year	0.018 tons/year
PM _{2.5}		lbs/hour	lbs/hour	tons/year	tons/year
Sulfur Oxides (SO _x)		lbs/hour	lbs/hour	tons/year	tons/year
Nitrogen Oxides (NOx)		ibs/hour	lbs/hour	tons/year	tons/year
Carbon Monoxide (CO)		lbs/hour	lbs/hour	tons/year	tons/year
Total Volatile Organic Compounds (VOCs)		lbs/hour	lbs/hour	tons/year	tons/year
Total Hazardous Air Pollutants (HAPs)		lbs/hour	lbs/hour	tons/year	tons/year
	Emission Point Name: Lime Equipment ID Number for all F Pollutant Emissions Ithan 15 pollutants are emitted at th Pollutant Name (Specify VOCs and HAPs Individually in 5.10 through 5.18) Particulate Matter (PM) PM2.5 Sulfur Oxides (SOx) Nitrogen Oxides (NOx) Carbon Monoxide (CO) Total Volatile Organic Compounds (VOCs) Total Hazardous Air Pollutants (HAPs)	Emission Point Name: Lime Silo Bin Vent Equipment ID Number for all Process Equipmen Pollutant Emissions Ithan 15 pollutants are emitted at this Emission Point/Sta Pollutant Name (Specify VOCs and HAPs Individually in 5.10 through 5.18) Particulate Matter (PM) Phys Sulfur Oxides (SOx) Nitrogen Oxides (NOx) Carbon Monoxide (CO) Total Volatile Organic Compounds (VOCs) Total Hazardous Air Pollutants (HAPs)	Emission Point Name: Lime Silo Bin Vent Equipment ID Number for all Process Equipment and Control Devices Vent Pollutant Emissions than 15 pollutants are emitted at this Emission Point/Stack, attach additional copies of Individually in 5.10 through 5.18) Particulate Matter (PM) Particulate Matter (PM) PM ₁₀ N/A PM _{2.5} Sulfur Oxides (SO _X) Nitrogen Oxides (NO _X) Carbon Monoxide (CO) Total Volatile Organic Compounds (VOCs) Total Hazardous Air Pollutants (HAPs) Ibs/hour Ibs/hour	ne: Lime Silo Bin Vent Der for all Process Equipment and Control Devices Venting Through Em aps (Not required for ough 5.10) PM) N/A N/A N/A N/A N/A N/A N/A N/	sion Point/Stack: n/a Annual Potential to Emit (PTE) 0.0175 tons/year tons/year tons/year tons/year tons/year tons/year tons/year tons/year

Form AQM-5 Page 2 of 8

			ion Rate provided above.	Attach the Basis of Determination or Calculations for each Emission Rate provided above.	ttach the Basi
determined sted	nonth. Emissions Rate was determined foperation per year. Requested	an 2 times per month. E. al of 48 hours of operation	ng will occur no more the sion Rate is based on tot	loading of lime into the storage silo. Off-loading will occur no more than 2 times per musing EPA AP-42. Maximum Controlled Emission Rate is based on total of 48 hours of emissions to maintain same as existing parent.	loadin using
tons/year	tons/year	on Rates Provided Above:	Understanding the Emissi	Provide Any Additional Information Necessary to Understanding the Emission Rates Provided Above: Rin Vent is used during the off	
tons/year	tons/year	ibs/nour	Ibe/Irear		ת לא
ions/year	lons/year	ibə/iioqi	- Bolhour		71 14
	i de la composition della comp	lhe/hour	ihe/hour		5.13.
tons/year	tons/year	lbs/hour	lbs/hour		5.12.
tons/year	tons/year	lbs/hour	lbs/hour		5.11.
tons/year	tons/year	lbs/hour	lbs/hour	le le	5.10. CO _{2e}
tons/year	tons/year	lbs/hour	ibs/hour		5.9. CO ₂
		mission Point/Stack	Emissions Information for First Emission Point	Emissions Inf	

	9	g	9		T	ဖွ	çoo	7	I
	9.3.	9.2.	9.1		more			.,	
	PM _{2.5}	PM ₁₀	Particulate Matter (PM)	Pollutant Name (Specify VOCs and HAPs Individually in 9.10 through 9.18)	If more than 15 pollutants are emitted at this Emission Point/Stack, attach additional copies of this page as needed.	Pollutant Emissions	Equipment ID Number for all Process Equipment and Control Devices Venting Through Emission Point/Stack:	Emission Point Name:	
				CAS Number (Not required for 9.1 through 9.10)	s Emission Point/Sta		rocess Equipment		missions Info
	lbs/hour	lbs/hour	lbs/hour	Maximum Uncontrolled Emission Rate at Design Capacity	ck, attach additional copies of		and Control Devices Ven		Emissions Information for Second Emission Point/Stack
	lbs/hour	lbs/hour	lbs/hour	Maximum Controlled Emission Rate at Design Capacity	this page as needed.		ting Through Emission Po		Emission Point/Stac
	tons/vear	tons/year	tons/year	Annual Potential to Emit (PTE)			int/Stack:		K
collor y car	tons/vear	tons/year	tons/year	Requested Permitted Annual Emissions					

Form AQM-5 Page 3 of 8

		Emissions Information for Second Emission Poin	Emission Point/Stack	 	
9.4.	Sulfur Oxides (SOx)	lbs/hour	ibs/hour	tons/year	tons/year
9.5.	Nitrogen Oxides (NOx)	lbs/hour	lbs/hour	tons/year	tons/year
9.6.	Carbon Monoxide (CO)	lbs/hour	lbs/hour	tons/year	tons/year
9.7.	Total Volatile Organic Compounds (VOCs)	lbs/hour	lbs/hour	tons/year	tons/year
9.8.	Total Hazardous Air Pollutants (HAPs)	lbs/hour	lbs/hour	tons/year	tons/year
9.9.	CO ₂	ibs/hour	lbs/hour	tons/year	tons/year
9.10.	CO _{2e}	ibs/hour	lbs/hour	tons/year	tons/year
9.11.		ibs/hour	lbs/hour	tons/year	tons/year
9.12.		lbs/hour	lbs/hour	tons/year	tons/year
9.13.		lbs/hour	lbs/hour	tons/year	tons/year
9.14.		lbs/hour	lbs/hour	tons/year	tons/year
9.15.		lbs/hour	lbs/hour	tons/year	tons/year
10.	Provide Any Additional Informa	Provide Any Additional Information Necessary to Understanding the Emission Rates Provided			
			ion Rates Provided Above:		

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If more than 15 pollutants are emitted at this Emission Point/Stack, attach additional copies of this page as needed.

Equipment ID Number for all Process Equipment and Control Devices Venting Through Emission Point/Stack:

Emissions Information for Third Emission Point/Stack

12

Emission Point Name:

Pollutant Emissions



Form AQM-5 Page 4 of 8

			ion Rate provided above.	lations for each Emiss	Attach the Basis of Determination or Calculations for each Emission Rate provided above.	Attach th
, , , , ,	,	n Rates Provided Above:	Understanding the Emissic	ition Necessary to	Provide Any Additional Information Necessary to Understanding the Emission Rates Provided	14. P
tons/year	tons/year	lbs/hour	lbs/hour			13.15.
tons/year	tons/year	lbs/hour	lbs/hour			13.14.
tons/year	tons/year	lbs/hour	lbs/hour			13.13.
tons/year	tons/year	lbs/hour	lbs/hour			13.12.
tons/year	tons/year	lbs/hour	lbs/hour			13.11
tons/year	tons/year	lbs/hour	lbs/hour		CO _{2e}	13.10.
tons/year	tons/year	lbs/hour	ibs/hour		CO ₂	13.9.
tons/year	tons/year	lbs/hour	lbs/hour		Total Hazardous Air Pollutants (HAPs)	13.8.
tons/year	tons/year	lbs/hour	lbs/hour		Total Volatile Organic Compounds (VOCs)	13.7.
tons/year	tons/year	lbs/hour	lbs/hour		Carbon Monoxide (CO)	13.6.
tons/year	tons/year	lbs/hour	lbs/hour		Nitrogen Oxides (NO _X)	13.5.
tons/year	tons/year	lbs/hour	lbs/hour		Sulfur Oxides (SO _x)	13.4.
tons/year	tons/year	lbs/hour	lbs/hour		PM _{2.5}	13.3.
tons/year	tons/year	lbs/hour	lbs/hour		PM ₁₀	13.2.
tons/year	tons/year	lbs/hour	lbs/hour		Particulate Matter (PM)	13.1.
Requested Permitted Annual Emissions	Annual Potential to Emit (PTE)	Maximum Controlled Emission Rate at Design Capacity	Maximum Uncontrolled Emission Rate at Design Capacity	CAS Number (Not required for 13.1 through 13.10)	Pollutant Name (Specify VOCs and HAPs Individually in 13.10 through 13.18)	
	55. 0	mission Point/Stack	Emissions Information for Third Emission Point/Stack	Emissions In		

Form AQM-5 Page 5 of 8

		Emissions Info	Emissions Information for Fourth Emission Poin	mission Point/Stack	K .	
15.	Emission Point Name:					
16.	Equipment ID Number for all Process Equipment and Control Devices Venting Through Emission Point/Stack:	rocess Equipment	and Control Devices Vent	ing Through Emission Po	int/Stack:	
17.	Pollutant Emissions	-				
If mor	If more than 15 pollutants are emitted at this Emission Point/Stack, attach additional copies of this page as needed	is Emission Point/Sta	ck, attach additional copies of	this page as needed.		
	Pollutant Name (Specify VOCs and HAPs Individually in 17.10 through 17.18)	CAS Number (Not required for 17.1 through 17.10)	Maximum Uncontrolled Emission Rate at Design Capacity	Maximum Controlled Emission Rate at Design Capacity	Annual Potential to Emit (PTE)	Requested Permitted Annual Emissions
17.1.	Particulate Matter (PM)		lbs/hour	lbs/hour	tons/year	tons/year
17.2.	PM ₁₀		lbs/hour	lbs/hour	tons/year	tons/year
17.3.	PM _{2.5}		lbs/hour	lbs/hour	tons/year	tons/year
17.4.	Sulfur Oxides (SOx)		lbs/hour	lbs/hour	tons/year	tons/year
17.5.	Nitrogen Oxides (NOx)		lbs/hour	lbs/hour	tons/year	tons/year
17.6.	Carbon Monoxide (CO)		lbs/hour	ibs/hour	tons/year	tons/year
17.7.	Volatile Organic Compounds (VOCs)		lbs/hour	lbs/hour	tons/year	tons/year
17.8.	Total Hazardous Air Pollutants (HAPs)		lbs/hour	lbs/hour	tons/year	tons/year
17.9.	CO ₂		lbs/hour	lbs/hour	tons/year	tons/year
17.10.	. CO _{2a}		lbs/hour	lbs/hour	tons/year	tons/year
17.11.			lbs/hour	lbs/hour	tons/year	tons/year
17.12			lbs/hour	lbs/hour	tons/year	tons/year
17.13			lbs/hour	lbs/hour	tons/year	tons/year
17.14.			lbs/hour	lbs/hour	tons/year	tons/year
17.15.			lbs/hour	lbs/hour	tons/year	tons/year



Form AQM-5 Page 6 of 8

Emissions Information for Fourth Emission Point/Stack

<u>∞</u> Provide Any Additional Information Necessary to Understanding the Emission Rates Provided Above:

Attach the Basis of Determination or Calculations for each Emission Rate provided above.

If there are more than four Emission Points/Stacks, attach additional copies of this form as needed.

			F-0/F-111			19 12
tons/year	tons/year	lbs/hour	lbs/hour		CO _{2e}	19.10.
tons/year	tons/year	lbs/hour	ibs/hour		CO ₂	19.9.
tons/year	tons/year	lbs/hour	lbs/hour		Total Hazardous Air Pollutants (HAPs)	19.8.
tons/year	tons/year	lbs/hour	lbs/hour		Total Volatile Organic Compounds (VOCs)	19.7.
tons/year	tons/year	lbs/hour	lbs/hour		Carbon Monoxide (CO)	19.6.
tons/year	tons/year	lbs/hour	lbs/hour		Nitrogen Oxides (NOx)	19.5.
tons/year	tons/year	lbs/hour	lbs/hour		Sulfur Oxides (SOx)	19.4.
tons/year	tons/year	lbs/hour	lbs/hour		PM _{2.5}	19.3.
tons/year	tons/year	lbs/hour	lbs/hour		PM ₁₀	19.2.
tons/year	tons/year	ibs/hour	lbs/hour		Particulate Matter (PM)	19.1.
Requested Permitted Annual Emissions	Annual Potential to Emit (PTE)	Maximum Controlled Emission Rate at Design Capacity	Maximum Uncontrolled Emission Rate at Design Capacity	CAS Number (Not required for 19.1 through 19.10)	Pollutant Name (Specify VOCs and HAPs Individually in 19.10 through 19.18)	
		as needed.	additional copies of this page	this Process, attach	If more than 15 pollutants are emitted from this Process, attach additional copies of this page as needed	If more t
					Pollutant Emissions	19. F
		ssions	Overall Process Emissions			



Form AQM-5 Page 7 of 8

	Overall Process Emissions	Emissions		
19.13.	lbs/hour	lbs/hour	tons/year	tons/year
19.14.	lbs/hour	lbs/hour	tons/year	tons/year
19.15.	lbs/hour	lbs/hour	tons/year	tons/year
20. Provide Any Additional Information	Provide Any Additional Information Necessary to Understanding the Emission Rates Provided Above:	Emission Rates Provided Above	Ģ.	
Attach the Basis of Determination or Calculations for each Emission Rate provided above.	ons for each Emission Rate provided abov	V6.		

Minor New Source Review Information 21. Does the Process Have the Potential to Emit More Than Five Tons Per Year of Any Pollutant? ☐ YES ☐ NO 22. Is the Source New or Existing? ☐ NEW ☐ EXISTING See Question 11 of AQM-1 If the Process has the Potential to Emit more than five tons per year of any pollutant, and Is a New Source, a Control Technology Analysis pursuant to Regulation No. 1125 Section 4 must be conducted and attached to this application.	
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Form AQM-5 Page 8 of 8

If the Process has the Potential to Emit greater than any of the amounts listed above 7 DE Admin. Code 1125 Sections 2 and/or 3 apply. Contact the Department at (302) 323-4542 or (302) 739-9402 for additional information

	24.1. Describe:	If YES, complete the rest of Question 24.	24. Is There Any Additional Information Pertinent to this Application?	Additional Information
--	-----------------	---	--	------------------------

Form AQM-1 Page 1 of 4

Administrative Information

One original and one copy of All Application Forms Should Be Mailed To:
Division of Air Quality
100 West Water Street, Suite 6A
Dover, DE 19904

All Checks Should Be Made Payable To: State of Delaware

_		Company and	Site Informa	ation	
1,	Company Name: City of W	ilmington DPW			
2.	Company Mailing Address:	800 French Street			
	City: Wilmington	State	DE	Zip Code:	19801
3.	Site Name: Porter Filter Pla	ant		p oodo.	
4.	Site Mailing Address: 2052 (if different from above)	East Park Drive			
	City: Wilmington	State:	DE	Zip Code:	19803
5.	Physical Location of Site: (if different from above)				
	City:	State:		Zip Code:	
6.	Site Billing Address: City of V (if different from above)	Wilmington DPW 8	800 French S	t.	
	City: Wilmington	State:	DE	Zip Code: 1	9801
7.	Air Quality Management Faci	lity ID Number: 1000	300025	p	
8.	Site NAICS Code): 221310 (list all that apply				
9.	Site SIC Code: 4941 (list all that apply)				
10.	Site Location Coordinates:	Latitude: 39 ° 46 Longitude: -75 ° 3	3' 25.846" 2' 27.618"		
1.	Is the Facility New or Existing		⊠ EXISTIN	JG	
f the	Facility is an Existing Facility, C	Complete the Rest of			Ougation 40
1.1.	Does the Facility Have Active	Air Permits?	⊠ YES	∏ NO	waesiion 12
2.	Is this Application For New Eq New Equipment Modification of Existing Equ Other (Specify): Replacement	uipment or a Modifica	ation to Existin		-
	application is for the modification and to Question 13.	aur wini nilletebt W	anutacturer		



Form AQM-1 Page 2 of 4

Company and Site Information
12.1. Does the Equipment Have an Active Air Permit? ⊠ YES ☐ NO
If the equipment has an active air permit, complete the rest of Question 12. If not, proceed to Question 13.
12.2. Permit Number of Existing Equipment: APC-2002/0711-Operation
13. Status of Equipment Being Applied For: ⊠ Natural Minor Source □ Synthetic Minor Source □ Major Source □ Federally Enforceable Restrictions
14. Facility Status: 🗵 Natural Minor Facility 🔲 Synthetic Minor Facility 🔲 Major Facility
If the facility is a Major Source, complete the rest of Question 14. If not, proceed to Question 15.
14.1. Responsible Official Name:
14.2. Responsible Official Title:
Contact Information
15. Name of Owner or Facility Manager: City of Wilmington
16. Title of Owner or Facility Manager: Public Works
17. Permit Contact Name: Christiana Oh
18. Permit Contact Title: Assistant Water Division Director
19. Permit Contact Telephone Number: 302-576-3017
20. Permit Contact Fax Number: 302-573-5539
21. Permit Contact E-Mail Address: coh@wilmingtonde.gov
22. Billing Contact Name: Travon Wooten
23. Billing Contact Title: Account Clerk
24. Billing Contact Telephone Number: 302-576-2583
25. Billing Contact Fax Number:
26. Billing Contact E-Mail Address: tjwooten@wilmingtonde.gov
Proposed Construction and Operating Schedule
27. When Will the Proposed Construction/Installation/Modification Occur: 10/01/2019
28. Proposed Operating Schedule: hours/day days/week 52 weeks/year
28.1. Is There Any Additional Information Regarding the Operating Schedule? ☐ YES ☐ NO
If YES, complete the rest of Question 28. If NO, proceed to Question 29.



Form AQM-1 Page 3 of 4

Proposed Construction and Operating Schedule

28.2. Describe the Additional Information: Baghouse is only operated during refilling of the silo which happens on an average of 2 hours once every two weeks year round.

Coastal Zone Information					
29. Is the Facility Located in the Coastal Zone? YES NO					
If the facility is located in the Coastal Zone complete the rest of Question 29. If not, proceed to Question 30.					
29.1. Is a Coastal Zone Permit Required for Construction or Operation of the Source Being Applied for? ☐ YES ☐ NO					
Attach a copy of the Coastal Zone Determination if it has not been previously submitted					
If a Coastal Zone Permit is required complete the rest of Question 29. If not, proceed to Question 30.					
29.2. Has a Coastal Zone Permit Been Issued?					
Attach a copy of the Coastal Zone Permit if it has not been previously submitted					
Local Zoning Information					
30. Parcel Zoning:					
Attach Proof of Local Zoning if it has not been previously submitted					
Application Information					
31. Is the Appropriate Application Fee Attached? YES NO					
32. Is the Advertising Fee Attached? ⊠ YES ☐ NO					
For help determining your application and advertising fees see:					
http://www.dnrec.state.de.us/DNREC2000/Library/Fees/DE%20Permit%20Fees.htm Attach the appropriate fees. Note that your Application will not be considered complete if the appropriate fees are not included.					
33. Is a Cover Letter Describing the Process Attached? ☐ YES ☐ NO					
Attach a brief cover letter describing your Application.					
If the Facility is a New Facility complete Question 34. If not, proceed to Question35.					
34. Is a Copy of the Applicant Background Information Questionnaire on Record at the Department? ☐ YES ☐ NO					
If NO, complete the rest of Question 34. If YES, process to Question 35.					
34.1 Is a Copy of the Applicant Background Information Questionnaire Attached?					
For a copy of the Applicant Background Information Questionnaire see http://www.dnrec.delaware.gov/services/Documents/Chapter79Form.pdf					
Attach a copy of the Applicant Background Information Questionnaire if applicable.					
35. Check Which Application Forms are Attached:					



Form AQM-1 Page 4 of 4

Application Information
36. Check Which Documents are Attached: □ Coastal Zone Determination □ Coastal Zone Permit □ Proof of Local Zoning □ Application Fee □ Applicant Background Information Questionnaire □ Claim of Confidentiality □ Manufacturer Specification(s) □ Material Safety Data Sheets (MSDSs) □ Supporting Calculations □ Descriptive Cover Letter □ Other (Specify): Cover Letter
Confidentiality Information
37. Do You Consider Any of the Information Submitted With this Application Confidential? For help on how to submit a confidentiality claim see http://regulations.delaware.gov/register/december2011/final/15%20DE%20Reg%20864%2012-01-11.htm If a Claim of Confidentiality is made it MUST meet the requirements of Section 6 of DNREC's Freedom of Information ("FOIA") Regulation at the time the Application is submitted.
Signature Block
I, the undersigned, hereby certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all of its attachments as to the truth, accuracy, and completeness of this information. I certify based on information and belief formed after reasonable inquiry, the statements and information in this document are true, accurate, and complete. By signing this form, I certify that I have not changed, altered, or deleted any portions of this application. I acknowledge that I cannot commence construction, alteration, modification or initiate operation until I receive written approval (i.e. permit, registration, or exemption letter) from the Department. I acknowledge that I may be required to perform testing of the equipment to receive construction or operation approval, and that if I do not receive approval to construct or operate that I may appeal the decision.
Christiana Oh Owner or Operator Signature of Owner or Operator

One Original and One Copy of All Application Forms Should Be Mailed To:
Division of Air Quality
100 W. Water Street, Suite 6A
Dover, Delaware 19904

All Checks Should Be Made Payable To: State of Delaware

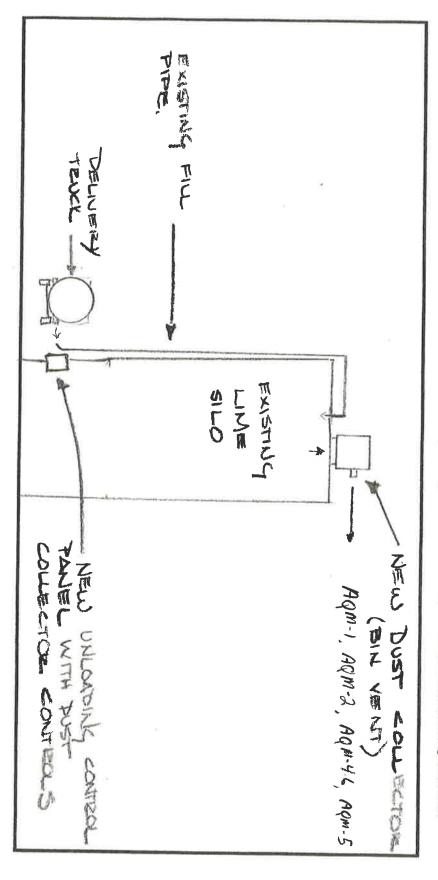


DNREC — Air Quality Management Section Application to Construct, Operate, or Modify Stationary Sources

Form AQM-2 Page 1 of 1

Process Flow Diagram

(even existing emission units that will not be modified by this application). You may identify each emission unit with a simple shape. Label each emission unit and control device with a unique identifier. Show the relationship between each emission unit and/or http://www.delaware.gov/reg2/default.htm for example Process Flow Diagrams for common processes. If you already have a Process control device by drawing arrows between them to indicate the flow of air pollutants. List which application forms are included for Sketch the Process Flow Diagram for the equipment or process being applied for. Include each emission unit and control device Flow Diagram for the equipment or process being applied for, you may attach it to the application instead of using this form. each emission unit or control device below the shape representing each emission unit or control device . See



Form AQM-4.6 Page 1 of 4

Baghouse Application

If you are using this form electronically, press F1 at any time for help

	General Information
1.	Facility Name: Porter Filter Plant
2.	Equipment ID Number: Lime Silo Bin Vent
3.	Manufacturer: Donaldson Company, Inc.
4.	Model: Torit Bin Vent TBV-2
5.	Serial Number: 13533023-L1-1
6.	Is the Baghouse Insulated? ☐ YES ☒ NO
7.	Design Minimum Operating Temperature: None °F
3.	Design Maximum Operating Temperature: 180 °F
9.,	Are Temperature Controls Provided? ☐ YES ☒ NO
f Ye	s, complete the rest of Question 9. If no, proceed to Question 10
).1 _e	Describe the Temperature Controls: Not Applicable
0.	Air Flow Through Baghouse: Sorced Induced Other (Specify):
1,	Direction of Flow Through Filters: ☐ Inside Out ☐ Outside In
2.	Particulate Removal Efficiency: 99 %
tach	the Manufacturer's Specification Sheet for the Baghouse and Particle Size Removal Efficiency Curve and basis of ination.
	Compartment Information
3.	Number of Compartments: 1
J	Number of Filters (Bags) Per Compartment: 2
	Can the Compartments be Isolated for Replacement or Repair? ☐ YES ☒ NO
	Gas Stream Information
	Maximum Inlet Volumetric Gas Flow Rate: N/A acfm at N/A °F Maximum Outlet Volumetric Gas Flow Rate: N/A acfm at N/A °F

Form AQM-4.6 Page 2 of 4

	<u>G</u>	Sas Stream Information		
19.	pH of Gas Handled: N/A			
20.	Dust Characteristics: Sticky (Check All That Apply) Wet Corrosive Dry Other (Sp			
	C	ontaminant Information		
21.	Percent of Each Contaminant in the		ncv	
	e than five Contaminants are present, atta			
	Contaminant Name	Contaminant CAS Number	Percent of Waste Gas	Removal Efficiency
21.1.	N/A		%	%
21.2.			%	%
21.3.			%	%
21.4.			%	%
21.5.			%	%
22.	Fabric Type: Felted Woven Felted-Woven		nic Cartridge (Specify):	
23.	Fabric Material: Cellulose Subst	rate with fine fiber membrane		
24.	Maximum Continuous Filter Opera	ting Temperature: 180 °F		
25.	Clean Fabric Permeability: 4 scfm	n/ft² at ∆P 0.3-0.8 inches of water		
26.	Fabric Filter (Bag) Diameter or Wid	dth: 12.74 inches		
27.	Fabric Filter (Bag) Length: 26 incl	hes		
28.	Effective Area Per Filter: 452 squ	uare feet		
29.	Minimum Effective Air to Cloth Rat	io: 2.0 feet/min		
30.	Maximum Effective Air to Cloth Ra	tio: 4.5 feet/min		
31.	Design Pressure Drop Across Bag	house: N/A inches water		
32.	Describe Determining Factor Fabri differential of 4 to 5 inches wate		Based on water g	auge reading

Attach the Manufacturer's Specification Sheet for the Fabric Filters (Bags).



Form AQM-4.6 Page 3 of 4

	Filter Cleaning Information
33.	Filter Cleaning Method: Manual Cleaning Bag Collapse Reverse Air Jet Mechanical Shakers Sonic Cleaning Pulse Jet Pneumatic Shakers Reverse Air Flow Other (Specify):
If Rev	erse Air Jet or Pulse Jet is used, complete the rest of Question 33. If not, proceed to Question 34.
33.1.	Air Pressure: 90 psi
33.2.	Describe How Air Is Supplied to System: Compressed air piping
34.	Describe How Filter Cleaning Is Initiated: Manual Pressure Drop Timer Other (Specify):
	Hopper Information
35.	Is the Hopper Heated? ☐ YES ☒ NO
36.	Is there a Hopper Vibrator? ☐ YES ☒ NO
37.	Describe How Collected Material is Treated or Disposed of: Material collected on filter cartridges is removed using pulsed jet and drops back into the silo for usage.
	Stack Information
38.	Emission Point Name: NOT APPLICABLE
38.1.	Stack Height Above Grade: feet
38.2.	Stack Exit Diameter: feet (Provide Stack Dimensions If Rectangular Stack)
	Is a Stack Cap Present?
38.4.	Stack Configuration:
38.5.	Stack Exit Gas Temperature: °F
38.6.	Stack Exit Gas Flow Rate: ACFM
38.7.	Distance to Nearest Property Line: feet
38.8.	Describe Nearest Obstruction:
38.9.	Height of Nearest Obstruction: feet
38 10	Distance to Nearest Obstruction: feet

Form AQM-4.6 Page 4 of 4

		<u>Stack</u>	Information	
38.11. A	re Stack Sampling Po	orts Provided?	YES NO	
		Monitoring and	d Alarm Information	
	are There Any Alarms When Drafting the Per	You Would Like the Domit?	epartment to Consider	☐ YES ⊠ NO
		Question 39. If NO, pro	ceed to Question 40.	
	Describe the System A			
If there ar	Operating Parameter Monitored	attach additional copies of Describe Alarm Trigger	Monitoring Device or Alarm Type	Does the Alarm Initiate an Automated Response?
39.1.1.			☐ Visual ☐ Auditory ☐ Automatic (Remote Monitoring) ☐ Other	□ NO □ YES Describe:
39.1.2.			☐ Visual ☐ Auditory ☐ Automatic (Remote Monitoring) ☐ Other	□ NO □ YES Describe:
39.1.3.			☐ Visual ☐ Auditory ☐ Automatic (Remote Monitoring) ☐ Other	☐ NO ☐ YES Describe:
39.1.4.			☐ Visual ☐ Auditory ☐ Automatic (Remote Monitoring) ☐ Other	□ NO □ YES Describe:
39.1.5.			☐ Visual ☐ Auditory ☐ Automatic (Remote Monitoring) ☐ Other	□ NO □ YES Describe:
		Addition	al Information	
40. I	s There Any Additiona	al Information Pertinent	to this Application?	YES 🛛 NO
If YES, o	complete the rest of C	Question 40.		
	Describe: Bin Vent is vhich is used to trea		ng of the silo with calciu	m hydroxide (hydrated lime)

Form AQM-5 Page 1 of 8

Emissions Information Application

If you are using this form electronically, press F1 at any time for help

			Process Information	ion		
:-1	Number of Individual Pieces of Process Equipment in Process:	f Process Equipme	ent in Process: 1 - Lime Silo	Silo		
2.	Number of Individual Control Devices in Process:	Devices in Process	. 1			
		Emissions In	Information for First Emission Point	mission Point/Stack		
μ	Emission Point Name: Lime	Silo Bin Vent				
4.	Equipment ID Number for all Process Equipment and Control Devices Venting Through Emis	rocess Equipment	and Control Devices Vent	ting Through Emission Poi	sion Point/Stack: n/a	
Ċŋ	Pollutant Emissions					
If mo	If more than 15 pollutants are emitted at this Emission Point/Stack, attach additional copies of this page as needed.	is Emission Point/Sta	ck, attach additional copies of	this page as needed.		
	Pollutant Name (Specify VOCs and HAPs Individually in 5.10 through 5.18)	CAS Number (Not required for 5.1 through 5.10)	Maximum Uncontrolled Emission Rate at Design Capacity	Maximum Controlled Emission Rate at Design Capacity	Annual Potential to Emit (PTE)	Requested Permitted Annual Emissions
5.1.	Particulate Matter (PM)	N/A	0 lbs/hour	0.729 lbs/hour	0.0175 tons/year	0.018 tons/year
5.2.	PM ₁₀	N/A	0 lbs/hour	0.729 lbs/hour	0.0175 tons/year	0.018 tons/year
5.3.	PM _{2.5}		lbs/hour	lbs/hour	tons/year	tons/year
5.4.	Sulfur Oxides (SO _X)		lbs/hour	lbs/hour	tons/year	tons/year
5.5.	Nitrogen Oxides (NOx)		lbs/hour	lbs/hour	tons/year	tons/year
5.6.	Carbon Monoxide (CO)		lbs/hour	lbs/hour	tons/year	tons/year
5.7.	Total Volatile Organic Compounds (VOCs)		lbs/hour	lbs/hour	tons/year	tons/year
5.8 8	Total Hazardous Air Pollutants (HAPs)		lbs/hour	lbs/hour	tons/year	tons/year



Form AQM-5 Page 2 of 8

			ion Dato provided above	ations for each Emiss	Attack the Basic of Determination or Coloniations for each Emission Bate provided above	Attack th
sted	of operation per year. Requested		ng will occur no more tri sion Rate is based on to	ge silo. On-load Controlled Emiss as existing permi	using of lime into the storage silo. On-loading will occur no more than 2 times per using EPA AP-42. Maximum Controlled Emission Rate is based on total of 48 hours emissions to maintain same as existing permit.	e = 5
during the	Bin Vent is used during the off-	on Rates Provided Above:	Understanding the Emissi	ition Necessary to	Provide Any Additional Information Necessary to Understanding the Emission Rates Provide	6. P
tons/year	tons/year	lbs/hour	lbs/hour			5.15.
tons/year	tons/year	lbs/hour	lbs/hour			5.14.
tons/year	tons/year	lbs/hour	lbs/hour			5.13.
tons/year	tons/year	lbs/hour	lbs/hour			5.12,
tons/year	tons/year	lbs/hour	lbs/hour			5.11.
tons/year	tons/year	lbs/hour	lbs/hour		CO _{2e}	5.10.
tons/year	tons/year	lbs/hour	lbs/hour		CO ₂	5.9.
		nission Point/Stack	Emissions Information for First Emission Point/Stack	Emissions Inf		

9.3.	9.2.	9.1.		If m	မှ	œ	7.	
PM _{2.5}	PM ₁₀	Particulate Matter (PM)	Pollutant Name (Specify VOCs and HAPs Individually in 9.10 through 9.18)	If more than 15 pollutants are emitted at this Emission Point/Stack, attach additional copies of this page as needed.	Pollutant Emissions	Equipment ID Number for all Process Equipment and Control Devices Venting Through Emission Point/Stack:	Emission Point Name:	Im
			CAS Number (Not required for 9.1 through 9.10)	s Emission Point/Sta		rocess Equipment		missions Info
lbs/hour	lbs/hour	lbs/hour	Maximum Uncontrolled Emission Rate at Design Capacity	ck, attach additional copies of		t and Control Devices Ven		Emissions Information for Second Emission Point/Stack
lbs/hour	lbs/hour	lbs/hour	Maximum Controlled Emission Rate at Design Capacity	this page as needed.		ting Through Emission Po		Emission Point/Stac
tons/year	tons/year	tons/year	Annual Potential to Emit (PTE)			int/Stack:		i×
tons/year	tons/year	tons/year	Requested Permitted Annual Emissions					



Form AQM-5 Page 3 of 8

	Im	missions Info	Emissions Information for Second Emission Poi	Emission Point/Stack	 	
9.4.	Sulfur Oxides (SOx)		lbs/hour	lbs/hour	tons/year	tons/year
9.5.	Nitrogen Oxides (NOx)		lbs/hour	lbs/hour	tons/year	tons/year
9.6.	Carbon Monoxide (CO)		lbs/hour	lbs/hour	tons/year	tons/year
9.7.	Total Volatile Organic Compounds (VOCs)		lbs/hour	lbs/hour	tons/year	tons/year
9.8.	Total Hazardous Air Pollutants (HAPs)		lbs/hour	lbs/hour	tons/year	tons/year
9.9.	CO ₂		lbs/hour	lbs/hour	tons/year	tons/year
9.10.	CO _{2e}		lbs/hour	lbs/hour	tons/year	tons/year
9.11			lbs/hour	lbs/hour	tons/year	tons/year
9.12.			lbs/hour	lbs/hour	tons/year	tons/year
9.13.			lbs/hour	lbs/hour	tons/year	tons/year
9.14.			lbs/hour	lbs/hour	tons/year	tons/year
9.15.			ibs/hour	lbs/hour	tons/year	tons/year
10.	Provide Any Additional Information Necessary to Understanding the Emission Rates Provided Above	tion Necessary to	Understanding the Emissi	on Rates Provided Above		
Attach t	Attach the Basis of Determination or Calculations for each Emission Rate provided above.	ations for each Emise	sion Rate provided above.			

		Emissions Information for Third Emission Point/Stack
	11	11. Emission Point Name:
-	12.	12. Equipment ID Number for all Process Equipment and Control Devices Venting Through Emission Point/Stack:
	13.	13. Pollutant Emissions
-	If mor	If more than 15 pollutants are emitted at this Emission Point/Stack, attach additional copies of this page as needed.



Form AQM-5 Page 4 of 8

		ion Rates Provided Above	Understanding the Emiss	ation Necessary to	Provide Any Additional Information Necessary to Understanding the Emission Rates Provided Above:	14. F
tons/year	tons/year	lbs/hour	lbs/hour			13.15.
tons/year	tons/year	lbs/hour	lbs/hour			13.14.
tons/year	tons/year	lbs/hour	lbs/hour			13.13.
tons/year	tons/year	lbs/hour	lbs/hour			13.12.
tons/year	tons/year	lbs/hour	lbs/hour			13.11.
tons/year	tons/year	lbs/hour	lbs/hour		CO _{2e}	13.10.
tons/year	tons/year	lbs/hour	lbs/hour		CO ₂	13.9.
tons/year	tons/year	lbs/hour	lbs/hour		Total Hazardous Air Pollutants (HAPs)	13.8.
tons/year	tons/year	lbs/hour	lbs/hour		Total Volatile Organic Compounds (VOCs)	13.7.
tons/year	tons/year	lbs/hour	lbs/hour		Carbon Monoxide (CO)	13.6.
tons/year	tons/year	lbs/hour	lbs/hour		Nitrogen Oxides (NOx)	13.5.
tons/year	tons/year	lbs/hour	lbs/hour		Sulfur Oxides (SOx)	13.4.
tons/year	tons/year	lbs/hour	lbs/hour		PM _{2.5}	13.3.
tons/year	tons/year	lbs/hour	lbs/hour		PM ₁₀	13.2.
tons/year	tons/year	lbs/hour	lbs/hour		Particulate Matter (PM)	13.1.
Requested Permitted Annual Emissions	Annual Potential to Emit (PTE)	Maximum Controlled Emission Rate at Design Capacity	Maximum Uncontrolled Emission Rate at Design Capacity	CAS Number (Not required for 13.1 through 13.10)	Pollutant Name (Specify VOCs and HAPs Individually in 13.10 through 13.18)	
		mission Point/Stack	Emissions Information for Third Emission Poin	Emissions Inf		



Form AQM-5 Page 5 of 8

47	Pollutant Emissions					
if mor	If more than 15 pollutants are emitted at this Emission Point/Stack, attach additional copies of this page as needed	is Emission Point/Sta	ck, attach additional copies of	this page as needed.		
	Pollutant Name	CAS Number	Maximum Uncontrolled	Maximum Controlled	Annual Potential	Requested Permitted
	Individually in 17.10 through 17.18)	(Not required for 17.1 through 17.10)	Design Capacity	Design Capacity	to Emit (PTE)	Annual Emissions
17.1.	Particulate Matter (PM)		lbs/hour	lbs/hour	tons/year	tons/year
17.2.	PM ₁₀		lbs/hour	lbs/hour	tons/year	tons/year
17.3.	PM _{2.5}		lbs/hour	lbs/hour	tons/year	tons/year
17.4.	Sulfur Oxides (SOx)		lbs/hour	lbs/hour	tons/year	tons/year
17.5.	Nitrogen Oxides (NOx)		lbs/hour	lbs/hour	tons/year	tons/year
17.6.	Carbon Monoxide (CO)		lbs/hour	lbs/hour	tons/year	tons/year
17.7	Volatile Organic Compounds (VOCs)		lbs/hour	lbs/hour	tons/year	tons/year
17.8.	Total Hazardous Air Pollutants (HAPs)		lbs/hour	lbs/hour	tons/year	tons/year
17.9.	CO ₂		lbs/hour	lbs/hour	tons/year	tons/year
17.10.). CO _{2e}		ibs/hour	lbs/hour	tons/year	tons/year
17.11,			lbs/hour	lbs/hour	tons/year	tons/year
17.12			lbs/hour	lbs/hour	tons/year	tons/year
17.13	3.		lbs/hour	lbs/hour	tons/year	tons/year
17.14	-		lbs/hour	lbs/hour	tons/year	tons/year
17.15	,Si		lbs/hour	lbs/hour	tons/year	tons/year

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Emissions Information for Fourth Emission Point/Stack

Provide Any Additional Information Necessary to Understanding the Emission Rates Provided Above:

Attach the Basis of Determination or Calculations for each Emission Rate provided above.

If there are more than four Emission Points/Stacks, attach additional copies of this form as needed.

			Overall Process Emissions	ssions		
19.	Pollutant Emissions					
If more	If more than 15 pollutants are emitted from this Process, attach additional copies of this page as needed	this Process, attach	additional copies of this page a	s needed.		
	Pollutant Name (Specify VOCs and HAPs Individually in 19.10 through 19.18)	CAS Number (Not required for 19.1 through 19.10)	Maximum Uncontrolled Emission Rate at Design Capacity	Maximum Controlled Emission Rate at Design Capacity	Annual Potential to Emit (PTE)	Requested Permitted Annual Emissions
19.1.	Particulate Matter (PM)		lbs/hour	lbs/hour	tons/year	tons/year
19.2.	PM ₁₀		lbs/hour	lbs/hour	tons/year	tons/year
19.3.	PM _{2.5}		lbs/hour	lbs/hour	tons/year	tons/year
19.4.	Sulfur Oxides (SOx)		lbs/hour	lbs/hour	tons/year	tons/year
19.5.	Nitrogen Oxides (NOx)		lbs/hour	lbs/hour	tons/year	tons/year
19.6.	Carbon Monoxide (CO)		lbs/hour	lbs/hour	tons/year	tons/year
19.7.	Total Volatile Organic Compounds (VOCs)		lbs/hour	lbs/hour	tons/year	tons/year
19.8.	Total Hazardous Air Pollutants (HAPs)		lbs/hour	lbs/hour	tons/year	tons/year
19.9,	CO ₂		lbs/hour	lbs/hour	tons/year	tons/year
19.10.	. CO _{2e}		lbs/hour	lbs/hour	tons/year	tons/year
19.12.			lbs/hour	lbs/hour	tons/year	tons/year



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			sion Rate provided above.	ations for each Emis	Attach the Rasis of Determination or Calculations for each Emission Rate provided above	A # # #
		ion Rates Provided Above:	Understanding the Emiss	tion Necessary to	Provide Any Additional Information Necessary to Understanding the Emission Rates Provided Above:	20.
tons/year	tons/year	lbs/hour	lbs/hour		15.	19.15.
tons/year	tons/year	lbs/hour	lbs/hour		14.	19.14.
tons/year	tons/year	lbs/hour	lbs/hour		13.	19.13.
		sions	Overall Process Emissions			



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If the Process has the Potential to Emit greater than any of the amounts listed above 7 DE Admin. Code 1125 Sections 2 and/or 3 apply. Contact the Department at (302) 323-4542 or (302) 739-9402 for additional information

	24.1. Describe:	If YES, complete the rest of Question 24.	24. Is There Any Additional Information Pertinent to this Application?	Additional Information
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